INSTRUCTIONS

Fee of \$25, to be remitted by check, postal or money order.

DO NOT SEND CURRENCY

STATE ATHLETIC COMMISSION OF NEVADA

APPLICATION FOR AMATEUR BOXING PROMOTER LICENSE

FOR OFFICE USE ONLY				
License No	o			
Cash	M.O	Check		
Number				
Receipt Number				

	FEE:	\$25			
DATE:					
To: THE STATE ATHLETIC COMMISSION The undersigned, having paid the fee of AMATEUR BOXING PROMOT	twenty-five dollars (\$25) as a				
COMPANY NAME:					
ADDRESS:					
CITY:	STATE:	COUNTRY	ZIP CODE:		
TELEPHONE NUMBER:		FAX NUMBER:			
E-MAIL ADDRESS:					
CONTACT PERSON:					
Do you have a Nevada Business L					
If yes, what is the number	? EIN or Social Security Number				
Please attach a copy of your USA/	ABF club certificate for th	ne year this license will l	pe issued.		
PRESIDENT: VICE- PRESIDENT: SECRETARY: TREASURER:		· 			
Are there any other changes should be aware of in the follow 1. Financial 2. Business - Orga 3. Legal - Personal Or any other areas that chan informed of? (Attach additional I hereby declare, under penalty of PROMOTER license, and all the amy own, that all the answers are to Further, I understand and agree to grounds for revocation of this licen	ving areas? nization, Structure, etc. and Business age have occurred that sheets if necessary.) perjury, that I have read answers to the questions I rue of my knowledge, that that any misrepresentatio	at the Athletic Comm the foregoing applicati have been completed by t this license expires of	nission should be advised or on for an AMATEUR BOXING me and that all answers given are becember 31 of the year issued.		
		Officer and Tit	e		

555 East Washington Ave. #3200 Las Vegas, NV 89101 Telephone (702) 486-2575 Fax: (702) 486-2577 boxing.nv.gov